STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Marshall County Journal		2. DATE: 9-16-24
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $ 45.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 69 Britton, SD 57430-0069		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): PO Box 69 Britton, SD 57430-0069		
6. FULL NAME OF PUBLISHER: Douglas M. Card		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME: Marshall County Publishing, Inc. COMPLETE MAILING ADDRESS: PO Box 69, Britton, SD 57430-0069		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.: NONE		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1724	1642
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	290	282
2. Mail Subscription (Paid and or requested)	1021	932
3. Paid Electronic Copies	124	142
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1435	1356
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	31	33
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1466	1389
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	258	253
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1724	1642

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Douglas M Card
(Signature)

Publisher/Owner
(Title)

State of South Dakota)
§
County of Marshall)

Sworn to before me this 16 day of September, 2024

Notary Public

My commission expires: 4-13-27

(Seal)

AMANDA GREENMYER
NOTARY PUBLIC
SOUTH DAKOTA

Form: SOS REC 051 9/2016